

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2317</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>JERRY</u> <u>W.</u> <u>LEE</u> P.O. Box, Bldg., Room No., if any _____ Street <u>425 S. 4th St.</u> City <u>Terre Haute</u> State <u>IN</u> ZIP Code + 4 <u>47807</u>	4. Name, file number, and address of labor organization. Name <u>LIUNA STATE OF IN DISTRICT COUN</u> Labor Organization File Number <u>039566</u> P.O. Box, Building and Room Number, if any _____ Street <u>425 S. 4th St.</u> City <u>Terre Haute</u> State <u>IN</u> ZIP Code + 4 <u>47807</u>
5. Position in labor organization. <u>SECRETARY-TREASURER/BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		Schedules Attached
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>6-28-05</u> Date	<u>(812) 235-6083</u> Telephone Number

Name of Person Filing Jerry W. Lee	File Number U- 2317
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12.b. Amount. -0- <input style="width: 100%;" type="text"/>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		Schedules Attached
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input style="width: 100%;" type="text"/>	

Part A: Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

		<u>Date</u>
6.	Name of Employer Trade Name, if any P. O. Box, Bldg. Room No. Street City State Zip Code	Indiana Laborers Training Trust Fund P. O. Box 758 Bedford IN 47421
7. a.	Nature of interest, transaction or income	Reimbursed expenses
7. b.	Amount	\$1,442
6.	Name of Employer Trade Name, if any P. O. Box, Bldg. Room No. Street City State Zip Code	Indiana Laborers Pension Fund P. O. Box 1587 Terre Haute IN 47808
7. a.	Nature of interest, transaction or income	Reimbursed expenses
7. b.	Amount	\$1,378

Part C: Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

Date

13. a.	Name of Employer or Consultant	Brandenburg Industrial Service Co.	01/01/2004
	Trade Name, if any		
	P. O. Box, Bldg., Room No., if any		
	Street	2625 South Loomis Street	
	City	Chicago	
	State	IL	
	Zip Code	60608-5414	
13. b.	Is the Business an Employer or Consultant?	Employer	
14. a.	Nature of payment	Fruit of the month club	
14. b.	Amount of payment	\$247	
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13. a.	Name of Employer or Consultant	Sav-R-X	01/08/2004
	Trade Name, if any		
	P. O. Box, Bldg., Room No., if any		
	Street	224 N. Park Avenue	
	City	Fremont	
	State	NE	
	Zip Code	68025	
13. b.	Is the Business an Employer or Consultant?	Consultant	
14. a.	Nature of payment	Lodging for bird hunting	
14. b.	Amount of payment	\$225	
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13. a.	Name of Employer or Consultant	Weiss Peck & Greer	03/16/2004
	Trade Name, if any		
	P. O. Box, Bldg., Room No., if any		
	Street	1335 Hampton Course	
	City	St. Charles	
	State	IL	
	Zip Code	60174	
13. b.	Is the Business an Employer or Consultant?	Consultant	
14. a.	Nature of payment	2 boxes of cigars	
14. b.	Amount of payment	\$400	
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13. a.	Name of Employer or Consultant	Raymond James	05/30/2004
	Trade Name, if any		
	P. O. Box, Bldg., Room No., if any		
	Street	10 W. Market St., Suite 3050	
	City	Indianapolis	
	State	IN	
	Zip Code	46204	
13. b.	Is the Business an Employer or Consultant?	Consultant	
14. a.	Nature of payment	Pacers Playoff Game #5 ticket	
14. b.	Amount of payment	\$58	

Part C: Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

Date

13. a.	Name of Employer or Consultant	Weiss Peck & Greer	06/16/2004
	Trade Name, if any		
	P. O. Box, Bldg., Room No., if any		
	Street	1335 Hampton Course	
	City	St. Charles	
	State	IL	
	Zip Code	60174	
13. b.	Is the Business an Employer or Consultant?	Consultant	
14. a.	Nature of payment	2 boxes of cigars	
14. b.	Amount of payment	\$400	
13. a.	Name of Employer or Consultant	Weiss Peck & Greer	09/15/2004
	Trade Name, if any		
	P. O. Box, Bldg., Room No., if any		
	Street	1335 Hampton Course	
	City	St. Charles	
	State	IL	
	Zip Code	60174	
13. b.	Is the Business an Employer or Consultant?	Consultant	
14. a.	Nature of payment	2 boxes of cigars	
14. b.	Amount of payment	\$400	
13. a.	Name of Employer or Consultant	Sav-R-X	10/22/2004
	Trade Name, if any		
	P. O. Box, Bldg., Room No., if any		
	Street	224 N. Park Avenue	
	City	Fremont	
	State	NE	
	Zip Code	68025	
13. b.	Is the Business an Employer or Consultant?	Consultant	
14. a.	Nature of payment	Lodging for bird hunting	
14. b.	Amount of payment	\$225	
13. a.	Name of Employer or Consultant	First Financial Bank	11/08/2004
	Trade Name, if any		
	P. O. Box, Bldg., Room No., if any	P. O. Box 540	
	Street		
	City	Terre Haute	
	State	IN	
	Zip Code	47808-0540	
13. b.	Is the Business an Employer or Consultant?	Consultant	
14. a.	Nature of payment	Duck hunting	
14. b.	Amount of payment	\$196	

Part C: Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

Date

	Trade Name, if any	Raymond James	11/20/2004
	P. O. Box, Bldg., Room No., if any		
	Street	10 W. Market St., Suite 3050	
	City	Indianapolis	
	State	IN	
	Zip Code	46204	
13. b.	Is the Business an Employer or Consultant?	Consultant	
14. a.	Nature of payment	IU @ Purdue Football ticket	
14. b.	Amount of payment	\$42	
13. a.	Name of Employer or Consultant	Raymond James	11/21/2004
	Trade Name, if any		
	P. O. Box, Bldg., Room No., if any		
	Street	10 W. Market St., Suite 3050	
	City	Indianapolis	
	State	IN	
	Zip Code	46204	
13. b.	Is the Business an Employer or Consultant?	Consultant	
14. a.	Nature of payment	Colts @ Bears ticket	
14. b.	Amount of payment	\$265	
13. a.	Name of Employer or Consultant	Weiss Peck & Greer	12/01/2004
	Trade Name, if any		
	P. O. Box, Bldg., Room No., if any		
	Street	1335 Hampton Course	
	City	St. Charles	
	State	IL	
	Zip Code	60174	
13. b.	Is the Business an Employer or Consultant?	Consultant	
14. a.	Nature of payment	Reception	
14. b.	Amount of payment	\$50	
13. a.	Name of Employer or Consultant	Ark Asset Management	12/02/2004
	Trade Name, if any		
	P. O. Box, Bldg., Room No., if any		
	Street	125 Broad Street	
	City	New York	
	State	NY	
	Zip Code	10004	
13. b.	Is the Business an Employer or Consultant?	Consultant	
14. a.	Nature of payment	Dinner	
14. b.	Amount of payment	\$125	

Labor organization officer: Jerry W. Lee

File number: N/A

Ending date: 12/31/04

Part C: Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

Date

13. a.	Name of Employer or Consultant	Raymond James	12/05/2004
	Trade Name, if any		
	P. O. Box, Bldg., Room No., if any		
	Street	10 W. Market St., Suite 3050	
	City	Indianapolis	
	State	IN	
	Zip Code	46204	
13. b.	Is the Business an Employer or Consultant?	Consultant	
14. a.	Nature of payment	Tennessee v. Colts ticket	
14. b.	Amount of payment	\$50	